

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 20, 2004

Re: IRO Case # M2-05-0075

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. M.D. notes 2003-2004
4. Cervical MRI report and film 9/30/03
5. Cervical spine x-ray report 9/2/03
6. Employers First report of injury ____

History

The patient is a 52-year-old male who fell from a ladder in ____, landing on his right arm, right shoulder and back. He had a history of lumbar laminectomy for back and leg pain previous to his injury. He has not had reflex, sensory or motor deficits on examination. Cervical spine x-rays showed degenerative disk disease changes at C6-7, as well as some narrowing to a lesser extent at C5-6. The patient has had physical therapy, medications and epidural steroid injections without benefit. There is some difference of opinion regarding the MRI of the cervical spine in that the radiologist does not see potential trouble of surgical significance, but the surgeon thinks that there is enough change at C6-7 on the left to indicate nerve root compression, despite the patient's normal examination.

Requested Service(s)

Anterior cervical discectomy and fusion at C6-7 with syntheses instrumentation

Decision

I agree with the carrier's decision to deny the requested procedure at this time.

Rationale

With the patient's examination normal, and the MRI showing to me only questionably significant potential for nerve root compression change, more evidence of nerve root compression needs to be present before pursuing the proposed procedure. Additional diagnostic testing that might be helpful would be electromyography, and probably CT myelographic evaluation of the cervical spine. If these show distinct abnormalities at the left C7 nerve root, then the proposed procedure would be indicated, given the patient's prolonged problem without relief by conservative measures.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 20th day of October 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: